

**Notification of Retailer Intent to Change or Authorize**

**(Please print all information except where signature is required)**

Date: \_\_\_\_\_

Retailer Number: \_\_\_\_\_ Chain Number (if applicable): \_\_\_\_\_

Retailer Name: \_\_\_\_\_

Store Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Effective (date) \_\_\_\_\_, the following changes will be implemented to the above store/s.

I hereby authorize (please print) \_\_\_\_\_ to buy and make decisions regarding NM Lottery.

I hereby authorize (please print) \_\_\_\_\_ to receive financial/billing information regarding NM Lottery.

I request an addition terminal be installed at the location outlined above and I agree to the \$125 installation fee which will be reflected in the billing statement.

Misc. \_\_\_\_\_

Change of Ownership:  
New Owner/s: Name/s: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number/s: \_\_\_\_\_

Business changing from \_\_\_\_\_ to \_\_\_\_\_  
(i.e.: from Partnership to Corporation, etc.-attach new W-9

Adding an owner/s (names & phone #'s) \_\_\_\_\_

**Note: adding owners must complete security forms E, F, and G**

Temporarily Closing store/s due to \_\_\_\_\_  
Disable my terminal/terminals (Date/Time) \_\_\_\_\_ to (Date/Time) \_\_\_\_\_

Permanently closing store/s due to: \_\_\_\_\_  
Effective date to remove equipment and inventory: Date/Time \_\_\_\_\_

Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

**Owner of record or authorized signer**

I hereby authorize the New Mexico Lottery Authority to take appropriate action necessary pursuant to the changes I am requesting above.